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DECLARATION FOR	Attorn y D cket No.	P9530							
UTILITY OR DESIGN	First Named Invent r	Victor D. Dolecek, et al							
PATENT APPLICATION	COMPLETE IF KNOWN								
(37 CFR 1.63)	Application Number	09/832,517							
Declaration OR Declaration Submitted Submitted after with Initial Initial Filing—	Filing Date	April 9, 2001							
	Group Art Unit	1723							
Filing surcharge 37 CFR 1.16(e) required	Examiner Name	Not Yet Accorded							
As a below named Inventor, I hereby declare that:									
My residence, post office address, and citizenship are as stated below next to my name.									
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:									
SYSTEM FOR THE PRODUCTION OF AUTOLOGOUS PLATELET GEL USEFUL FOR THE DELIVERY OF MEDICINAL AND GENETIC AGENTS									
the specification of which		· ·							
is attached hereto									
OR									
was filed on (MM/DD/YYYY) April 9, 2001	as U.S. Application No. of PCT International Application								
and was amended on (MM/DD/YYYY)	(if applicable)								
I hereby state that I have reviewed and understand t claims, as amended by any amendment specifically	he contents of the above ider referred to above.	ntified specification, including the							
I acknowledge the duty to disclose information which	n is material to patentability a	s defined in 37 CFR 1.56.							
I hereby claim foreign priority benefits under 35 U.S.C § 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.									
Prior Foreign Appl. No.(s) Country		rity Not Certified Copy Attached? aimed Yes No							
	·								
		LI LI LI							
Additional foreign application nos. are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:  I hereby claim the benefit under 35 U.S.C. § 119(e) of any United States provisional application(s) listed below.									
Application Number(s) Filing Date (MM/DD/YYYY)									

## **DECLARATION – Utility or Design Patent Application** I hereby claim the benefit under 35 U.S.C. 120 of any U.S. application(s) or 365(c) of any PCT international application designating th United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application Parent Patent No. **Parent Filing Date** U.S. Parent Application or PCT Parent No. (if applicable) (MM/DD/YY) 04/20/98 n9/063,338 Additional U.S. or PCT international application nos. listed on PTO/SB/02B attached hereto. As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent Trademark Office connected therewith: Place bar code label here → → Registered practitioner(s) name/registration number listed below Registration Registration Number Number Name Name ☐ Additional registered practitioner(s) named on supplemental sheet PTO/SB/02C attached hereto. OR Correspondence Direct all correspondence to: Customer Number address below or Bar Code Label Steven C. Petersen Name Hogan & Hartson, LLP Address 1200 17<sup>th</sup> Street, Suite 1500 Address ZIP 80202 State CO City Denver Fax (720) 406-5301 Telephone (720) 406-5315 Country US I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and such willful false statements may jeopardize the validity of the application or any patent issued thereon. f Sole or First Inventor: A petition has been filed for this unsigned inventor. Nam Family Name or Surname Given Name (first and middle [if any]) **Dolecek** Vict rD. Date **Inventors** Signature Citizenship Country US US State CO **Englewood** Residence City 6607 S. Atchinson Way Post Office Address 6607 S. Atchinson Way Post Office Address Country US ZIP 80111 State CO **Englewood** City ☑Additional inventors are named on <u>•</u> supplemental additional inventor(s) sheet(s) PTO/SB/02A attached

## ADDITIONAL INVENTOR(S) Supplemental Sheet **DECLARATION** Page 1 of 4 ☐ A petition has been filed for this unsigned inventor Name of Additional Joint Inventor, if any: Family Name or Surname Given Name (first and middle [if any]) Baugh Rob rt F. Date Inventor's Signatur Citizenship Country US State CO Parker Residence: City 7926 Windcrest Row Post Office Address 7926 Windcrest Row Post Office Address ZIP 80134 Country US State CO Parker City ☐ A petition has been filed for this unsigned inventor Nam of Additional Joint Inventor, if any: Family Name or Surname Giv n Name (first and middle [if any]) Rivera J hn G. Inv ntor's Date Signature Citizenship US Country US State PA Reading Residence: City 5300 Oley Turnpike Road **Post Office Address** 5300 Oley Turnpike Road **Post Office Address** Country US ZIP 19606 State PA Reading City ☐ A petition has been filed for this unsigned inventor Nam of Additional Joint Inventor, if any: Family Name or Surname Given Name (first and middle [if any]) McKay William F. inv ntor's Date Signature Citizenship US Country US State TN Memphis Residence: City 3870 McErlie Cove Post Office Address 3870 McErlie Cove, Post Office Address Country US 38133 ZIP State TN Memphis City

DECLARATION					ADDITIONAL INVENTOR(S) Supplemental Shet Page2 of							
Name of Additional J	dditional Joint Inventor, if any:				ition has been filed for this unsigned inventor							
Given Name (firs		Family Name or Surname										
Robert F.	Baugh											
Inventor's Signature		<u>.</u>	:			Date						
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Post Office Address	7926 Windcrest Row											
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Given Name (first and middle [if any])			Family Name or Surname									
John G.		Rive	Rivera									
Inventor's Signature	VR	2		A	(UEr	2	7/6/0/ Date					
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City	Reading	Stat	e P	A	ZIP	19606	Country	us				
Name of Additional Joint Inventor, if any:			☐ A petition has been filed for this unsigned inventor									
Given Name (first and middle [if any])			Family Name or Surname									
William F.			МсКау									
Inventor's Signature	Da						Date					
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Post Office Address	3870 McErli C ve											
City	Memphis	State	e TI	N	ZIP	38133	Country	us				

DECLARATION					ADDITIONAL INVENTOR(S) Suppl m ntal Sheet Page3 of4					
Name of Additional	Joint Inventor, if any:	y:				s been fil	filed for this unsigned inventor			
Given Name (first and middle [if any])						Fam	ily Name o	r Sumame		
Rob rt F.			Baug	h			_	·		
Inv ntor's Signature							Date			
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Post Office Address	7926 Windcrest Row									
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Nam of Additional J	oint Inventor, if any:						for this ur	nsigned inventor		
Given Name (first and middle [if any])			Family Name or Surname							
J hn G.	Rivera									
Inventor's Signature								Date	*	
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Post Office Address	5300 Oley Turnpil	ke R	load							
City	Reading	s	tate	PA		ZiP	19606	Country	us	
Nam of Additional Joint Inventor, if any:			☐ A petition has been filed for this unsigned inventor							
Giv n Name (first and middle [if any])				Family Name or Surname						
William F.	William F. McKay									
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City	Memphis	St	ate	TN		ZIP	38133	Country	US	

DECLARATION				ADDITIONAL INVENTOR(S) Supplemental Sheet Page 4 of 4						
Name of Additional J	□Ар	☐ A petition has been filed for this unsigned inventor								
Given Name (first and middle [if any])			Family Name or Surname							
Jeffery C.	Marx									
Inventor's Signature	fffy C.	Many	<i>-</i>		·	Date	7/23/01			
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